

CMA's Reimbursement Helpline (888) 401-5911

Through this members' only service, CES provides one-on-one educational assistance and payor advocacy to physician members and their staff. The helpline is staffed by practice management experts with a combined experience of over 125 years in medical practice operations. Practices can call on CMA's Center for Economic Services reimbursement experts to discuss economic issues affecting their practice, including but not limited to billing and collections, coding and documentation, and managed care contracts.

All resources, with the exception of [CPR](#), listed below can be located on our website at www.cmanet.org/ces.

CMA's Practice Resources (CPR) Monthly E-Mail Bulletin – 2011/2012


CMA Practice Resources (CPR) is a free monthly e-mail bulletin from CMA's Center for Economic Services. This bulletin is full of tips and tools to help physicians and their office staff improve practice efficiency and viability. Visit www.cmanet.org/news/cpr to sign up or view the current issue. Archived issues of CPR are available via our [online resource library](#).

CMA Hosted Practice Management Webinars

CMA hosts a series of live monthly webinars to educate physicians on a range of topics from health information technology to reimbursement issues. CMA members can access [archived webinars](#) and the [2012 upcoming webinar calendar](#) on our website at www.cmanet.org/calendar. Webinars are free for CMA members and their staff.

"Know Your Rights"


Series of one-page print and post documents that summarize the prompt pay legislation sponsored by CMA (AB 1455).

 Companion seminar available (Know Your Rights)

- [Know Your Rights: Timely Payment](#)
State and federal laws require that most payors pay clean claims within specific time frames. California law further requires health plans and insurers to pay interest on claims that are not paid within the required time frame
- [Know Your Rights: Timeframes to Appeal](#)
Practice revenue is lost when claims are underpaid, delayed, or inappropriately denied. When your practice learns that a claim has been denied and the reason for the denial, steps should be taken to appeal the claim as appropriate. Following is a summary of timeframes for appeals.
- [Know Your Rights: Quick Guide for Appeals](#)
Payors deny claims for a variety of reasons. This document describes some of the more common types of denials and how to respond to them.
- [Know Your Rights: identify and Report Unfair Payment Practices](#)
The regulations implementing CMA-sponsored legislation (AB 1455 - Unfair Payment Practices) prohibits health plans and their contracting medical groups/IPAs from engaging in various unfair payment practices. CMA summarizes the unfair payment practices in this one page print and post document.

- [Know Your Rights: Filing a Formal Complaint with the Regulator](#)
This is a quick reference guide to assist practices with identifying the appropriate regulator by plan type. The guide includes direct links that can be accessed to file a formal complaint against an HMO, PPO, medical group/IPA or Blue Cross Blue Shield Out-of-State plans.

Practice Empowerment Mini Toolkits/Informational Guides

- [Medicare Part B 2012 Important Changes: What They Mean to Your Practice-2011](#)
The Centers for Medicare & Medicaid Services (CMS) issued a final rule on November 1, 2011, that updates payment policies and Medicare payment rates for physicians' services furnished in 2012. To assist physician offices in planning for billing changes, CMA has developed this guide to highlight changes that may impact physician billing.
 Companion seminar available (Medicare Changes for 2012)
- [Medicare Electronic Prescribing Overview: Payment Incentives and Payment Reductions - 2011](#)
Medicare introduced an e-prescribing program in 2009 that encourages physicians to electronically transmit their prescriptions. The e-prescribing program provides incentive payments for physicians who e-prescribe and payment penalties for physicians who do not. Starting in 2012, Medicare will begin a 1 percent payment reduction penalty on all Medicare allowed charges for eligible professionals who do not electronically transmit their prescriptions. The penalty increases to 1.5 percent in 2013 and 2 percent in 2014.
- [Medicare Enrollment Guide for Individual Physicians – Updated June 2011](#)
Medicare enrollment processes have changed considerably over the years, and even more so with the introduction of national provider identifiers. The enrollment application process for individuals can be complex and burdensome. CMA has developed this document to guide new physicians through the enrollment process, and to assist enrolled physicians who are making changes or who must revalidate their enrollment.
- [Preparing for the New HIPAA 5010 Standards: A Guide for Physicians- 2011](#) (Joint Legal/CES publication)
Physician practices may need to make adjustments to the patient data they collect and report in order to comply with a new Health Insurance Portability and Accountability Act (HIPAA) requirement that takes effect January 1, 2012. While the changes primarily impact software vendors and billing clearinghouses, compliance may require medical practices to change some business processes as well.

The California Medical Association (CMA) is advising members to familiarize themselves with these regulations and be proactive about making the needed changes to comply prior to the January 1 effective date.
- [Are you ready for the transition to HIPAA Version 5010? - 2011](#) (Joint Legal/CES publication)
Beginning January 1, 2012, physicians and others in the health care industry will be required to use the updated 5010 version of the Health Insurance Portability and Accountability Act (HIPAA) transactions standards to conduct electronic administrative transactions, such as claims submissions, checking eligibility, claims status, remittance advice, and referral authorizations. This resource sheet assists physicians with preparing for the 5010 transaction.
- [5010 Quick Reference Guide - 2011](#)
CMA surveyed the major payors in California to find out which of them will allow for an extension on the 5010 enforcement deadline. Results, where available, are below. This guide will be updated regularly as new information becomes available

- [Special Investigations Unit Audit Guide - 2011](#)

The California Medical Association (CMA) has received complaints from physicians who have received refund requests from the Anthem Blue Cross Special Investigations Unit that were outside of the 365-day period allowed by California law. As a result, CMA has filed a formal complaint with the Department of Managed Health Care (DMHC) and asked them to quickly investigate these potential violations. To help physicians understand their rights and responsibilities when it comes to health plan refund requests, CMA has prepared this Special Investigations Unit Audit Guide.

- [LaSalle Medical Associates: Important Changes - 2011](#)

Effective April 1, 2011 LaSalle Medical Associates hired MedPOINT Management, a managed services organization (MSO), to assume full administrative and operational responsibilities. Due to challenges with the former MSO, an immediate change in management was necessary. This affects the following physician services:

- Claims processing and capitation payments
- Provider services and contracting
- Referral authorization and utilization management
- Eligibility and benefits verification
- Quality management

This change affects physician offices in Los Angeles, San Bernardino, Riverside, Fresno/Madera, Kern, Kings, San Joaquin, Stanislaus, and Tulare counties. CMA has developed the attached summary of the change in LaSalle contact information with links to the LaSalle notices sent to physicians

- [Contract Amendments: An Action Guide for Physicians - 2010](#)

This guide is designed to help physicians understand their rights and options when a health plan notifies them of a material modification to a contract, manual, policy or procedure.

- [Payor Solvency Checklist - 2010](#)

To help physicians monitor the financial health of their contracted payors, CMA has put together a checklist available to members. You can also request a hard copy by contacting CMA using the information below.

- [2010 Guide for Medicare Consultation Code Reporting - 2010](#)

As a result of Medicare's decision to no longer recognize and pay consultation code services effective 1/1/10, CMA has published a 6-page billing guide that includes an overview of the issue, a code crosswalk, and links to additional resources.

- [CMA Managed Care Consultation Code Quick Reference Guide – Updated October 2011](#)

This is a companion guide to the Medicare Consultation Code Guide (above). CMA surveyed the major managed care payors in California to find out which of them plan to follow Medicare's lead and eliminate consults. This chart will be updated regularly as new information becomes available.

- [Payor Profiles - 2011](#)

Center for Economic Services has compiled critical information for interacting with the major payors. On each of the payor profiles you will find the important contact numbers, addresses, and links for quick reference for payor interactions. You can use these profiles on-line or print them to keep at your fingertips. These documents are updated annually.

- [Aetna](#)
- [Anthem Blue Cross](#)
- [Blue Shield](#)
- [Cigna](#)
- [Health Net](#)
- [Medicare](#)
- [United Healthcare](#)

- [Timely Access Regulation Guide – 2010](#) (Joint Policy/Legal/CES publication)
The California Department of Managed Health Care (DMHC) recently finalized regulations that require HMO patients to be seen within certain timeframes for various levels of care. The primary intent of these regulations and the underlying legislation is to require HMOs to ensure that their networks of providers have the capacity and availability to provide care to enrollees in a timely manner.

Although there will not be a full picture of what physicians need to know regarding contracting or implementation for some time, CMA has published a toolkit to help physicians understand these new regulations and what they could mean for their practices.

The toolkit will be regularly updated as new information becomes available.

Practice Empowerment Toolkits

- [Best Practices Toolkit - 2009](#)
This toolkit offers a series of proven steps that solo and small-group practices can take to improve many facets of their practice, including the delivery of better-quality medical care. It is based on an important premise: that in order to provide quality medical care, a physician practice must be efficient and well run.



The toolkit is organized into nine chapters that can be read sequentially or on an as-needed basis.



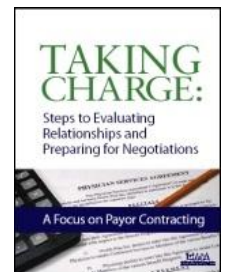
Companion seminar available (What Every Physician/Office Manager Should Know about Their Practice)

[Taking Charge: Steps to Evaluating Relationships and Preparing for Negotiations - 2005](#)

Payor contract negotiations can be difficult. This guide is designed to guide the physician through the contract evaluation and negotiation/renegotiation process. This guide also provides the physician and his/her office staff with practical tips and tools to assist with the negotiation, implementation, and on-going management of complex agreements.



Companion seminar available (Taking Charge)



Other Educational Tools

CMA Sample Letters

- [Sample Termination Letter – Patient](#)
If the terms of a proposed contract are not acceptable or sustainable, physicians have the right under California law to terminate their agreement with the payor prior to the effective date of the changes. Physicians who decide to exercise their right to terminate their agreement with a payor are encouraged to communicate their decision to with their patients. Physicians may wish to consider using the sample letter CMA has prepared to notify patients of their decision to terminate their contract.
- [Sample Termination Letter – Material Modification to Contract \(Payor\)](#)
If the terms of the proposed contract are not acceptable or sustainable, physicians have the right under California law to terminate their agreement with the payor prior to the effective date of the changes. Physicians who wish to exercise their right to terminate their contract must do so in writing. Physicians may wish to consider using the sample letter CMA has prepared to notify the payor of their decision to terminate their contract.

- [Sample Letter – Request for Copy of Complete Fee Schedule and Detailed Payment Rules](#)
 California law requires health plans and their contracting medical groups/IPAs to disclose to contracting physicians the amount of payment for each and every service to be provided under the contract. Plans must also disclose the detailed payment policies and rules used to adjudicate claims. CMA has created a sample letter physicians can use to request this information from the payor.

- [Sample Letter – Request for Copy of Signed and Executed Contract, Complete Fee Schedule and Detailed Payment Rules](#)
 California’s unfair payment practices regulations require health plans and their contracting medical groups/IPAs to disclose to contracting physicians the amount of payment for each and every service to be provided under the contract. Plans are required to disclose this information initially upon contracting, annually, and upon the physician’s written request.

- [Comparison of Anthem Blue Cross Access Standards - 2010](#)
 In October, Blue Cross announced amendments to their Prudent Buyer contract to comply with the new Timely Access regulations that caused concern with physicians. At CMA’s request, Blue Cross issued clarification on the original contract amendments. CMA also highlights that many of the new state-mandated timely access timeframes are less stringent than Blue Cross’s existing requirements and provides a comparison of the existing Blue Cross standards.

- [Managed Care Contracting](#)
 CMA offers members free access to, objective analyses of several health plan participating provider contracts. While these analyses are not intended to be exhaustive, they are designed to draw a physician's attention to issues which may warrant further inquiry or clarification. **NOTE:** CMA is currently updating contract analyses for each of the major health plans in California. These analyses will be posted on the website when they are available. In the meantime, if you have any questions regarding specific health plans contact the reimbursement helpline at (888) 401-5911 or economicservices@cmanet.org.
 1. [Anthem Blue Cross of California Prudent Buyer Plan](#)
 2. [Blue Shield of California](#)
 3. [Health Net](#) (includes addendum analysis)
 4. [United Healthcare](#)
 5. Cigna – COMING SOON